

## SCEIS DATA CLEANSING CHECKLIST

Last updated January 27, 2010

This document is intended to serve as a supplemental tool for agencies in the process of data cleansing. For detailed information regarding each item, please refer to the Data Cleansing Guide.

### ORGANIZATIONAL MANAGEMENT

#### Organizational Units

- |   |     |    |
|---|-----|----|
| 1. Are the Divisions/Departments/Regions and Codes identified for each of your divisions/departments/regions/sections?                                | Yes | No |
| 2. Has the agency contact and address information been updated on the table side of HRIS for the following categories:                                |     |    |
| a. Agency Director = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field            | Yes | No |
| b. Benefits Administrator = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field     | Yes | No |
| c. Personnel Director = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field         | Yes | No |
| d. Affirmative Action Officer = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field | Yes | No |
| e. Agency address = Enter main agency address   | Yes | No |
| f. Agy mailing address = Enter agency's main mailing address  | Yes | No |
| g. Courier Address = Enter agency's main courier address  | Yes | No |
| h. CG/Payroll contact = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field         | Yes | No |
| i. Chief Financial Officer = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field    | Yes | No |

#### Positions

- |  |     |    |
|--|-----|----|
| 1. Has a department field been assigned to all of your positions including FTE, temporary, temporary-grant, and time-limited?                              | Yes | No |
| 2. Are all true supervisory positions identified?  | Yes | No |
| 3. Have you assigned a supervisor position number to the appropriate field in each position in HRIS to indicate which supervisor each position reports to? | Yes | No |

4. Has an Organizational Unit name been assigned to all manager/supervisor positions in HRIS?	Yes	No
5. Are the following fields populated for each position in HRIS?		
a. Position Type (FTE, Temp, Temp Grant and Time Limited)	Yes	No
b. Position Number	Yes	No
c. Class Code	Yes	No
d. Class Title	Yes	No
e. FLSA Code	Yes	No
f. Full-time/Part-time Indicator	Yes	No
g. Central Office Indicator	Yes	No
h. County Code for Position	Yes	No
i. Drive State Vehicle	Yes	No
j. Worker's Comp Code	Yes	No
k. Exempt from State Employee Grievance Procedures Act	Yes	No
l. Shift Differential	Yes	No
m. Power to Arrest	Yes	No
n. Leave Indicator	Yes	No
o. Benefits Indicator	Yes	No
6. Has the accuracy of the following SHAC information (HRIS PF8 menu) been verified?		
a. FedCat (Federal Category)	Yes	No
b. Census Code	Yes	No
c. Work Unit	Yes	No
d. Cost Center	Yes	No
e. Jobgrp (Job Group)	Yes	No
f. Department	Yes	No
7. Managing Positions		
a. Have all temporary, time-limited, and temporary-grant positions been entered into HRIS?	Yes	No
b. Have all vacant temporary, temporary-grant and time-limited positions been deleted in HRIS?	Yes	No
8. Position Descriptions		
a. Do class code and slots on position descriptions match the position number, class code, and slot in HRIS?	Yes	No
9. FTEs by source of funds		
a. Are your FTEs balanced by source of funds?	Yes	No

## PERSONNEL ADMINISTRATION

1. Are all of the following mandatory data conversion elements accurate in HRIS?
 

a. Additional Benefits	Yes	No
b. Agency Hire Date	Yes	No
c. Class Date	Yes	No
d. Continuous State Service Date	Yes	No
e. Date of Birth	Yes	No
f. Exem Griev (Employee's Grievance Status)	Yes	No
g. Home County	Yes	No
h. Hourly Pay	Yes	No
i. Last EPMS Rating	Yes	No
j. Leave Date	Yes	No
k. Longevity Pay	Yes	No
l. Marital Status	Yes	No
m. Next Review Date	Yes	No
n. Payrate	Yes	No
o. Race	Yes	No
p. Sex	Yes	No
q. State Hire Date	Yes	No
r. Supplemental Pay	Yes	No
  
2. If your agency uses the following fields in HRIS, have you ensured the accuracy of the information to be converted?
 

a. Degree Type	Yes	No
b. Degree Institution	Yes	No
c. Degree Year	Yes	No
d. Education Level	Yes	No
e. Email Address	Yes	No
f. Emergency City	Yes	No
g. Emergency Name	Yes	No
h. Emergency Phone	Yes	No
i. Emergency Relationship	Yes	No
j. Emergency State	Yes	No
k. Emergency Street	Yes	No
l. Emergency Zip Code	Yes	No
m. Employee No.	Yes	No
n. Home Phone	Yes	No
o. Level Date	Yes	No
p. Phone (Work Phone #)	Yes	No
q. Veteran Status	Yes	No
  
3. Have all miscellaneous fields in HRIS that will not be converted been validated according to the chart provided in the guide?
 

	Yes	No
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4. Are all temporary employees being separated in a timely manner?	Yes	No
5. Have you reviewed the chart in the Data Cleansing Guide that relays the data information that will not be converted in the system?	Yes	No
6. Have you reviewed the “trainee” and “merit system” fields in HRIS to ensure this information is not longer needed?	Yes	No
7. Have you reviewed the retirement information stored on positions in the available HRIS fields to ensure it is no longer needed?	Yes	No
8. Is all I-9 information on employees up to date?	Yes	No
9. If your agency chooses to track volunteer information, is all the data you need up to date?	Yes	No

## TIME MANAGEMENT

### Time Management

- |  |     |    |
|--|-----|----|
| 1. Have you identified work schedules for all divisions, departments, sections, regions, etc., in your agency?   | Yes | No |
| 2. Are you prepared to provide the Planned Working Times (Work Schedule Rules) for each of your agency's employees? Has that information been entered into HRIS? | Yes | No |
| 3. Have you identified a work week for each employee in your agency? Has that information been entered into HRIS?  | Yes | No |
| 4. Have you validated the Planned Working Times for your agency's employees before go-live?  | Yes | No |
| 5. If your agency is on an Academic Schedule, have you provided a copy of that schedule to SCEIS?  | Yes | No |
| 6. Have you identified positions eligible to receive premium rates and submitted that information?   | Yes | No |

### Leave Management

- |   |     |    |
|---|-----|----|
| 1. Have you prepared quota balance information for each employee (including balances and usage) for the calendar year in which your agency goes live? | Yes | No |
| 2. Have you gathered information on employees who are on an extended leave of absence?  | Yes | No |

3. Are you prepared to provide the following FMLA information for employees for the calendar year in which your agency goes live?
  - a. Are you prepared to provide the total number of work hours for the preceding 12 months before your go-live date for each employee? Yes No
  - b. SSN Yes No
  - c. Begin Date of FMLA Event Yes No
  - d. End Date of FMLA Event Yes No
  - e. FMLA Qualifying Event Reason Yes No
  - f. Available balance remaining in weeks Yes No
  - g. Is the FMLA leave continuous or intermittent Yes No
  - h. YTD hours on FMLA leave Yes No
4. Are you prepared to provide information on your agency's Leave Transfer Pool? Yes No

## PAYROLL

- |   |     |    |
|---|-----|----|
| 1. Are all your agency's employees loaded into both HRIS and CG Payroll?  | Yes | No |
| 2. For any employee whose last day is June 1, 2010, are you prepared to pay all outstanding amounts due in the June 16 <sup>th</sup> payroll check? | Yes | No |
| 3. Have you deleted all old employee records from your legacy payroll systems?  | Yes | No |
| 4. Have you prepared all recurring additional payment and furlough information?   | Yes | No |
| 5. Is all the costing data on the employee based on current funding in the legacy payroll system?   | Yes | No |
| 6. Have you validated that all retirement deductions on the payroll match the enrollment data submitted to the Retirement System?                   | Yes | No |
| 7. Are all deductions related to EIP from the EIP system correct?   | Yes | No |
| 8. Are all deductions related to FBMC from the FBMC system correct?   | Yes | No |
| 9. Is the following data in your legacy payroll system correct?   |     |    |
| a. SSN  | Yes | No |
| b. Name   | Yes | No |
| c. Address  | Yes | No |
| d. Marital Status (for tax purposes) and withholding exemptions   | Yes | No |
| e. EIC and FICA exempt status   | Yes | No |
| f. All Retirement System information  | Yes | No |
| g. All deductions   | Yes | No |
| h. Department locations (check sort code)   | Yes | No |